

Kristina D. Lawson, J.D., Chair
Panel B

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7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

12 **GABRIEL KODZO TANSON, M.D.**
13 **4873 West Lane, Ste. A**
Stockton, CA 95210

14 **Physician's and Surgeon's Certificate No.**
15 **No. A 32550**

16 Respondent.

Case No. 800-2016-023693

OAH No. 2018020427

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

17
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
22 of California (Board). She brought this action solely in her official capacity and is represented in
23 this matter by Xavier Becerra, Attorney General of the State of California; by Mara Faust, Deputy
24 Attorney General.

25 2. Respondent Gabriel Kodzo Tanson, M.D. (Respondent) is represented in this
26 proceeding by attorney Scott A. Ginns, whose address is: CASSEL GINNS, 1540 W. Kettleman
27 Lane, Suite D, Lodi, Ca 95242-9291.

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3. On or about July 1, 1978, the Board issued Physician's and Surgeon's Certificate No. No. A 32550 to Gabriel Kodzo Tanson, M.D. (Respondent). The Physician's and Surgeon's Certificate No. was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-023693, and will expire on February 29, 2020, unless renewed.

JURISDICTION

4. Accusation No. 800-2016-023693 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on January 11, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-023693 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-023693. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2016-023693, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate No. A 32550.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a *prima facie* case with respect to the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2016-023693 shall be deemed true, correct and fully admitted by respondent for purposes of that proceeding or any other licensing proceeding involving respondent in the State of California.

12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's Disciplinary Order as set forth below

CONTINGENCY

13. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. No. A 32550 issued to Respondent Gabriel Kodzo Tanson, M.D. is revoked. However, such order of revocation is stayed and Respondent is placed on three (3) years of probation upon the following terms and conditions.

1. **CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES.** Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

2. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 20 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 45 hours of CME of which 20 hours were in satisfaction of this condition.

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1 3. PREScribing PRACTICES COURSE. Within 60 calendar days of the effective
2 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
3 advance by the Board or its designee. Respondent shall provide the approved course provider
4 with any information and documents that the approved course provider may deem pertinent.
5 Respondent shall participate in and successfully complete the classroom component of the course
6 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
7 complete any other component of the course within one (1) year of enrollment. The prescribing
8 practices course shall be at Respondent's expense and shall be in addition to the Continuing
9 Medical Education (CME) requirements for renewal of licensure.

10 A prescribing practices course taken after the acts that gave rise to the charges in the
11 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
12 or its designee, be accepted towards the fulfillment of this condition if the course would have
13 been approved by the Board or its designee had the course been taken after the effective date of
14 this Decision.

15 Respondent shall submit a certification of successful completion to the Board or its
16 designee not later than 15 calendar days after successfully completing the course, or not later than
17 15 calendar days after the effective date of the Decision, whichever is later.

18 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
19 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
20 advance by the Board or its designee. Respondent shall provide the approved course provider
21 with any information and documents that the approved course provider may deem pertinent.
22 Respondent shall participate in and successfully complete the classroom component of the course
23 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
24 complete any other component of the course within one (1) year of enrollment. The medical
25 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
26 Medical Education (CME) requirements for renewal of licensure.

27 A medical record keeping course taken after the acts that gave rise to the charges in the
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the course would have
2 been approved by the Board or its designee had the course been taken after the effective date of
3 this Decision.

4 Respondent shall submit a certification of successful completion to the Board or its
5 designee not later than 15 calendar days after successfully completing the course, or not later than
6 15 calendar days after the effective date of the Decision, whichever is later.

7 5. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
8 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
9 program approved in advance by the Board or its designee. Respondent shall successfully
10 complete the program not later than six (6) months after Respondent's initial enrollment unless
11 the Board or its designee agrees in writing to an extension of that time.

12 The program shall consist of a comprehensive assessment of Respondent's physical and
13 mental health and the six general domains of clinical competence as defined by the Accreditation
14 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
15 Respondent's current or intended area of practice. The program shall take into account data
16 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
17 Accusation(s), and any other information that the Board or its designee deems relevant. The
18 program shall require Respondent's on-site participation for a minimum of three (3) and no more
19 than five (5) days as determined by the program for the assessment and clinical education
20 evaluation. Respondent shall pay all expenses associated with the clinical competence
21 assessment program.

22 At the end of the evaluation, the program will submit a report to the Board or its designee
23 which unequivocally states whether the Respondent has demonstrated the ability to practice
24 safely and independently. Based on Respondent's performance on the clinical competence
25 assessment, the program will advise the Board or its designee of its recommendation(s) for the
26 scope and length of any additional educational or clinical training, evaluation or treatment for any
27 medical condition or psychological condition, or anything else affecting Respondent's practice of
28 medicine. Respondent shall comply with the program's recommendations.

1 Determination as to whether Respondent successfully completed the clinical competence
2 assessment program is solely within the program's jurisdiction.

3 If Respondent fails to enroll, participate in, or successfully complete the clinical
4 competence assessment program within the designated time period, Respondent shall receive a
5 notification from the Board or its designee to cease the practice of medicine within three (3)
6 calendar days after being so notified. The Respondent shall not resume the practice of medicine
7 until enrollment or participation in the outstanding portions of the clinical competence assessment
8 program have been completed. If the Respondent did not successfully complete the clinical
9 competence assessment program, the Respondent shall not resume the practice of medicine until a
10 final decision has been rendered on the accusation and/or a petition to revoke probation. The
11 cessation of practice shall not apply to the reduction of the probationary time period.]

12 (In lieu of a practice monitor) Within 60 days after Respondent has successfully completed
13 the clinical competence assessment program, Respondent shall participate in a professional
14 enhancement program approved in advance by the Board or its designee, which shall include
15 quarterly chart review, semi-annual practice assessment, and semi-annual review of professional
16 growth and education. Respondent shall participate in the professional enhancement program at
17 Respondent's expense during the term of probation, or until the Board or its designee determines
18 that further participation is no longer necessary.

19 6. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective
20 date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a
21 practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons
22 whose licenses are valid and in good standing, and who are preferably American Board of
23 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or
24 personal relationship with Respondent, or other relationship that could reasonably be expected to
25 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
26 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
27 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

28 The Board or its designee shall provide the approved monitor with copies of the Decision(s)

1 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
2 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
3 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
4 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
5 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
6 signed statement for approval by the Board or its designee.

7 Within 60 calendar days of the effective date of this Decision, and continuing throughout
8 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
9 make all records available for immediate inspection and copying on the premises by the monitor
10 at all times during business hours and shall retain the records for the entire term of probation.

11 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
12 date of this Decision, Respondent shall receive a notification from the Board or its designee to
13 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
14 shall cease the practice of medicine until a monitor is approved to provide monitoring
15 responsibility.

16 The monitor(s) shall submit a quarterly written report to the Board or its designee which
17 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
18 are within the standards of practice of medicine, and whether Respondent is practicing medicine
19 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
20 that the monitor submits the quarterly written reports to the Board or its designee within 10
21 calendar days after the end of the preceding quarter.

22 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
23 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
24 name and qualifications of a replacement monitor who will be assuming that responsibility within
25 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
26 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
27 notification from the Board or its designee to cease the practice of medicine within three (3)
28 calendar days after being so notified. Respondent shall cease the practice of medicine until a

1 replacement monitor is approved and assumes monitoring responsibility.

2 In lieu of a monitor, Respondent may participate in a professional enhancement program
3 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
4 review, semi-annual practice assessment, and semi-annual review of professional growth and
5 education. Respondent shall participate in the professional enhancement program at Respondent's
6 expense during the term of probation.

7 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
8 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
9 Chief Executive Officer at every hospital where privileges or membership are extended to
10 Respondent, at any other facility where Respondent engages in the practice of medicine,
11 including all physician and locum tenens registries or other similar agencies, and to the Chief
12 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
13 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
14 calendar days.

15 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

16 8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
17 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
18 advanced practice nurses except when coverage is needed by the other supervising physician in
19 respondent's medical practice.

20 9. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
21 governing the practice of medicine in California and remain in full compliance with any court
22 ordered criminal probation, payments, and other orders.

23 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
24 under penalty of perjury on forms provided by the Board, stating whether there has been
25 compliance with all the conditions of probation.

26 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
27 of the preceding quarter.

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11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than

1 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
2 defined as any period of time Respondent is not practicing medicine as defined in Business and
3 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
4 patient care, clinical activity or teaching, or other activity as approved by the Board. If
5 Respondent resides in California and is considered to be in non-practice, Respondent shall
6 comply with all terms and conditions of probation. All time spent in an intensive training
7 program which has been approved by the Board or its designee shall not be considered non-
8 practice and does not relieve Respondent from complying with all the terms and conditions of
9 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
10 on probation with the medical licensing authority of that state or jurisdiction shall not be
11 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
12 period of non-practice.

13 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
14 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
15 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
16 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
17 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

18 Respondent's period of non-practice while on probation shall not exceed two (2) years.

19 Periods of non-practice will not apply to the reduction of the probationary term.

20 Periods of non-practice for a Respondent residing outside of California will relieve
21 Respondent of the responsibility to comply with the probationary terms and conditions with the
22 exception of this condition and the following terms and conditions of probation: Obey All Laws;
23 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
24 Controlled Substances; and Biological Fluid Testing.

25 14. COMPLETION OF PROBATION. Respondent shall comply with all financial
26 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
27 completion of probation. Upon successful completion of probation, Respondent's certificate shall
28 be fully restored.

1 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
2 of probation is a violation of probation. If Respondent violates probation in any respect, the
3 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
4 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
5 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
6 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
7 the matter is final.

8 16. LICENSE SURRENDER. Following the effective date of this Decision, if
9 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
10 the terms and conditions of probation, Respondent may request to surrender his or her license.
11 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
12 determining whether or not to grant the request, or to take any other action deemed appropriate
13 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
14 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
15 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
16 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
17 application shall be treated as a petition for reinstatement of a revoked certificate.

18 17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
19 with probation monitoring each and every year of probation, as designated by the Board, which
20 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
21 California and delivered to the Board or its designee no later than January 31 of each calendar
22 year.

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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Scott A. Ginns. I understand the stipulation and the effect it will
4 have on my Physician's and Surgeon's Certificate No. A 32550, I enter into this Stipulated
5 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
6 bound by the Decision and Order of the Medical Board of California.

7
8 DATED: Aug 13, 2018 
9 GABRIEL KODZO TANSON, M.D.
Respondent

10 I have read and fully discussed with Respondent Gabriel Kodzo Tanson, M.D. the terms
11 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
12 Order. I approve its form and content.

13
14 DATED: Aug 13, 2018 
15 SCOTT A. GINNS
16 Attorney for Respondent


17 ENDORSEMENT

18
19 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
20 submitted for consideration by the Medical Board of California.

21 Dated: Aug 13, 2018

Respectfully submitted,

22 XAVIER BECERRA
23 Attorney General of California
24 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

25 
26 MARA FAUST
27 Deputy Attorney General
28 Attorneys for Complainant

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Exhibit A

Accusation No. 800-2016-023693

1 XAVIER BECERRA
2 Attorney General of California
3 ALEXANDRA M. ALVAREZ
4 Supervising Deputy Attorney General
5 MARA FAUST
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14 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO, January 11, 2018
BY: Jody Wright ANALYST

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 800-2016-023693

15 **GABRIEL KODZO TANSON, M.D.**
16 4873 West Lane, Suite A
17 Stockton, CA 95210

A C C U S A T I O N

18 Physician's and Surgeon's Certificate No. A 32550,
19 Respondent.

20 Complainant alleges:

PARTIES

21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
23 Affairs (Board).

24 2. On or about July 1, 1978, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 32550 to Gabriel Kodzo Tanson, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on February 29, 2020, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"..."

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6. Section 2266 of the Code states: AThe failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”

DRUG INFORMATION

7. Methadone – Generic name for the drug Symoron. Methadone is a synthetic opioid. It is used medically as an analgesic and as a maintenance anti-addictive and reductive preparation for use by patients with opioid dependence. In part, due to its long half-life, variability in the drug’s absorption, metabolism, and relative analgesic potency among patients calls for a highly individualized approach to prescribing. Particular vigilance is necessary during treatment initiation and titration. Methadone is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12, and California Health and Safety Code 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

8. Acetaminophen with codeine – Generic name for Tylenol with codeine which is a combination drug of acetaminophen 300 mg. and codeine phosphate 30-60 mg (Tylenol for #3 is 30 mg. or #4 is 60 mg), a narcotic. Acetaminophen with Codeine is a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13, California Health and Safety Code section 11056, subdivision (e), and is a dangerous drug pursuant to Business and Professions Code section 4022.

9. Fioricet with codeine- Brand name for a combination drug of butalbital 50 mg (a barbiturate), acetaminophen 300 mg., caffeine 40 mg., and codeine phosphate 30 mg (a narcotic). Fiorcet with codeine is a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13, subdivision (e), California Health and Safety section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. Fioricet, without codeine, is merely a dangerous drug, which can cause respiratory distress, confusion and dizziness.

10. Hydrocodone with acetaminophen(APAP) – Generic name for the drugs Vicodin, Norco, and Lortab. Hydrocodone with acetaminophen is classified as an opioid analgesic combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014,

1 Hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to Code of
2 Federal Regulations Title 21 section 1308.13, subdivision (e).¹ Hydrocodone with
3 acetaminophen is a Scheduled II controlled substance pursuant to Code of Federal Regulations
4 Title 21 section 1308.12, California Health and Safety Code section 11055, subdivision (b), and is
5 a dangerous drug pursuant to Business and Professions Code section 4022.

6 11. Carisoprodol – Generic name for Soma. Carisoprodol is a centrally acting skeletal
7 muscle relaxant. It is not recommended for long term use. On January 11, 2012, Carisoprodol
8 was classified as a Schedule IV controlled substance pursuant to Code of Federal Regulations
9 Title 21 section 1308.14, subdivision (c), Health and Safety Code section 11057, subdivision (d),
10 and a dangerous drug pursuant to Business and Professions Code section 4022.

11 12. Alprazolam – Generic name for the drug Xanax. Alprazolam is a short acting
12 benzodiazepine used to treat anxiety. Alprazolam is a Schedule IV controlled substance pursuant
13 to Code of Federal Regulations Title 21 section 1308.14, subdivision (c). Alprazolam is a
14 dangerous drug pursuant to California Business and Professions Code section 4022 and is a
15 Schedule IV controlled substance pursuant to California Health and Safety Code section 11057,
16 subdivision (d).

17 13. Clonazepam – Generic name for Klonopin. Clonazepam is a benzodiazepine used to
18 treat panic disorder and seizures. Clonazepam is a Schedule IV controlled substance pursuant to
19 Code of Federal Regulations Title 21 section 1308.14, subdivision (c). It is a Schedule IV
20 controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a
21 dangerous drug pursuant to Business and Professions Code section 4022.

22 14. Temazepam – Generic name for Restoril. Temazepam is an intermediate-acting
23 benzodiazepine used to treat insomnia. Temazepam is a Schedule IV controlled substance
24 pursuant to Code of Federal Regulations Title 21 section 1308.14, subdivision (c), Health and
25 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and
26 Professions Code section 4022.

27 ¹ On October 6, 2014, Hydrocodone combination products were reclassified as Schedule
28 II controlled substances. Federal Register Volume 79, Number 163. Code of Federal Regulations
Title 21 section 1308.12.

15. Diazepam - Generic name for Valium. Valium is a benzodiazepine and a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14, subdivision (c), Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

16. Lorazepam - This is an anti-anxiety medication in the benzodiazepine family. Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14, subdivision (c), Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

17. Tramadol - Generic name for the drug Ultram. Tramadol is an opioid medication. Tramadol is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14, subdivision (b), California Health and Safety Code 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

18. Zolpidem - Generic name for Ambien is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14, subdivision (c), California Health and Safety Code 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

FIRST CAUSE FOR DISCIPLINE
(Gross Negligence)

19. Respondent, Gabriel Kodzo Tanson, M.D., is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that he committed acts of gross negligence during the care and treatment of pain patients A, B, and C by failing to properly assess the patients, take complete histories, discuss risks and benefits, and/or have patients enter pain contracts. The circumstances are as follows:

Patient A²

20. On or about February 27, 2014, Respondent undertook the care and treatment of Patient A, a then 42-year-old male with complaints of gouty pain and injured back (fall from a balcony, run over by a car, and trampled in a crowd). Patient A also reported a seizure disorder

² Patient names will be turned over in discovery.

1 (petit mal), had been using clonazepam to treat this condition, and also suffered from associated
2 anxiety. There is no indication that Respondent reviewed or documented Patient A's prior care or
3 that Respondent reviewed or documented the patient's prior prescription history. Respondent
4 diagnosed Patient A with low back pain and petit mal seizures and prescribed clonazepam, 2mg
5 with 90 tabs per 30 days.

6 21. On or about the May 29, 2014, office visit, Respondent noted that Patient A was
7 addicted to other controlled substances. There was no inquiry as to what other controlled
8 substances Patient A was taking or how this might impact Respondent's care of the patient. On or
9 about the May 13, 2015 office visit, Respondent noted that Patient A suffers from mental
10 problems but does not describe them nor considers their impact on his care of the patient.

11 22. A review of Patient A's pharmacy data showed that he began to receive 90 pills of
12 clonazepam, 2 mg., (Klonopin), starting on or about February 27, 2014, through July 31, 2014,
13 monthly, with Respondent listed as the prescribing physician. On or about August 14, 2014
14 through November 2, 2015 Respondent increased Patient A's prescription to 120 pills of
15 clonazepam, monthly. Thereafter, starting on or about November 11, 2015, Patient A began
16 receiving a prescription for 90 pills of 2 mg. alprazolam, (Xanax) each month, through July 1,
17 2016. Respondent also prescribed these prescriptions. Alprazolam is not indicated in a patient
18 with a seizure disorder.

19 23. In approximately March 2016, Patient A had a seizure and was hospitalized at
20 Dameron Hospital in Stockton, California. On or about April 24, 2016, Patient A was again
21 hospitalized for a seizure at St. Joseph's Medical Center, while he was in route to his Methadone
22 clinic. On that date, patient tested positive for methamphetamine, benzodiazepines and opiates.

23 24. Respondent did not properly evaluate Patient A's seizure disorder when he undertook
24 the care and treatment of Patient A. Respondent failed to do an adequate history including the
25 fact that no history was elicited from Patient A of prior substance use history, nor did he
26 determine what prior medications the patient had been prescribed, nor did Respondent document
27 any review of past medical records for Patient A, nor did he ask any detailed questions about past
28 seizures, nor did he review any imaging performed (MRI-brain), nor review any specific tests to

1 characterize a seizure disorder (EEG). Labs were ordered but never performed, and Respondent
2 never again mentioned lab results or re-ordering labs. Respondent's inadequate history and
3 assessment of Patient A's seizure disorder constitutes an extreme departure from the standard of
4 care in violation of section 2234, subdivision (b), of the Code.

5 25. Respondent improperly placed Patient A on a controlled substance, (initially
6 clonazepam), based on Patient A's representation that this was the medication he was taking for
7 his seizure disorder. Respondent failed to review Patient A's prior medical records in a patient
8 clearly at risk of abuse. Respondent improperly increased the dose to 120 clonazepam pills for
9 Patient A, then changed the prescription to alprazolam. Respondent noted Patient A had an
10 addiction problem to other controlled substances and had mental problems, yet failed to consider
11 and/or document more appropriate strategies for diagnostic work up and therapy. These actions
12 collectively constitute an extreme departure from the standard of care in violation of section 2234,
13 subdivision (b), of the Code.

14 26. Respondent's failure to discuss and/or document the risks and benefits of taking the
15 controlled substances, clonazepam and alprazolam, (informed consent), nor having a discussion
16 of drug interactions such as when Respondent prescribed quetiapine³ on May 13, 2015, without
17 discussing its interaction with clonazepam or alprazolam collectively, constitutes an extreme
18 departure from the standard of care in violation of section 2234, subdivision (b), of the Code.

19 27. Respondent's failure to have Patient A sign a controlled substance contract after
20 prescribing this patient controlled substances for more than three months, including an agreement
21 to periodically drug test, constitutes an extreme departure from the standard of care in violation of
22 section 2234, subdivision (b), of the Code.

23 **Patient B**

24 28. Sometime prior to January 29, 2011, Respondent undertook the care and treatment of
25 Patient B, a then 51-year-old female. However, the first medical record provided commences on
26 or about December 29, 2011, though clearly Respondent was already treating Patient B. On
27 December 28, 2011, Patient B was hospitalized, as she was suffering from severe depression

28 ³ Generic Seroquel used to treat depression or bipolar disorder.

1 associated with confusion, after having been assaulted by her boyfriend. The hospitalization
2 records attribute Patient B's confusion to the prescription medication she was taking and
3 reference a prior history of prescription drug abuse. At his physician interview, Respondent
4 admitted he knew about Patient B's history of prescription drug abuse. Patient B was next seen
5 by Respondent at his clinic on February 1, 2012, where Patient B was asking to refill her
6 prescriptions for migraine headaches and lower back pain.

7 29. Pharmacy records for Patient B document that from on or about December 29, 2011
8 through September 25, 2014, Respondent provided approximately 36 prescriptions for Norco
9 (325 mg.-10-mg.), 90 tablets and 8 prescriptions of Fioricet (325 mg.-50 mg.-40 mg.), 90 tablets.
10 During this same period, Patient B was receiving 13 prescriptions for Lorazepam 1 mg., 60
11 tablets; and 5 prescriptions for Temazepam 30 mg., 30 tablets from another physician. From on
12 or about October 20, 2014 through December 2, 2016, Respondent provided Patient B
13 approximately 13 prescriptions of Tylenol with Codeine #3 (300 mg.-30 mg.), 90 tablets; 14
14 prescriptions of Tylenol with Codeine #4 (300 mg.-60 mg.), 60 tablets; 21 prescriptions of
15 Zolpidem 10 mg., 30 tablets; and 22 prescriptions of Fioricet (325 mg.-50 mg.-40 mg.), 90 tablets.
16 During this same period of time, Patient B was receiving four prescriptions for Norco (325 mg.-
17 10 mg.) 15-24 tablets from other physicians.

18 30. A May 3, 2016, laboratory test result from Lodi Memorial indicated Patient B was
19 positive for barbiturates though negative for opiates. Though Respondent was prescribing and
20 continued to prescribe Tylenol with Codeine #4, he never addressed Patient A's negative lab
21 results for opiates.

22 31. When Respondent undertook the care and treatment of Patient B, commencing with
23 the provided records on January 29, 2011, through 2016, at no time was there any indication that
24 he reviewed past medical records relating to headache or back pain, conducted a pain assessment,
25 ordered any imaging studies, did a headache assessment, nor addresses this patient's known
26 history of prescription drug abuse. Collectively, these omissions constitute an extreme departure
27 from the standard of care in violation of section 2234, subdivision (b), of the Code.

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1 32. Respondent failed to discuss and/or document a discussion with Patient B about the
2 risks of taking controlled substances such as Norco or other narcotics with sedating medication
3 such as Zolpidem. The specific risks of combining these medications include respiratory
4 depression, dizziness, memory impairment, confusion and allodynia and such failures constitutes
5 an extreme departure from the standard of care in violation of section 2234, subdivision (b), of
6 the Code.

7 33. Respondent's failure to have Patient B sign a controlled substance contract after
8 prescribing this patient controlled substances for more than three months, including an agreement
9 to periodically drug test and his failure to drug test this patient with a known history of
10 prescription drug abuse constitutes an extreme departure from the standard of care in violation of
11 section 2234, subdivision (b), of the Code.

12 **Patient C**

13 34. Medical records document that Respondent undertook the care and treatment of
14 Patient C, a then 51-year-old female, who suffered from diabetes and knee and lower back pain,
15 on September 19, 2012. Respondent saw Patient C on nineteen visits through June 21, 2016.
16 Respondent's treatment consisted of attempts at pain control with the prescribing of Norco
17 (325mg.-10mg.), 90 tablets, 34 times from April 17, 2012 through October 12, 2014. A review of
18 Patient C's pharmacy data showed that she began to receive 90 pills of carisoprodol (Soma) 350
19 mg., each month, starting on March 29, 2012, through September 27, 2016, with Respondent
20 listed as the prescribing physician. On or about April 3, 2012, Patient C began receiving
21 prescriptions for Diazepam 10mg., (Valium), 100 tablets, for 8 prescriptions from April 13, 2012
22 through August 14, 2014, and then she received alprazolam (Xanax), 2 mg., 60 tablets, for six
23 prescriptions from April 19, 2016 through August 29, 2016. Respondent also prescribed these
24 prescriptions.

25 35. During the same period that Respondent was prescribing controlled substances to
26 Patient C, she was also receiving 19 Norco prescriptions from other physicians, six Soma
27 prescriptions from other physicians and several of both the Norco and Soma prescriptions from
28 other physicians were filled within days of the same prescriptions from Respondent.

36. An October 13, 2014, drug test result for Patient C was positive for THC/marijuana, yet negative for benzodiazepines and narcotics. The negative results were inconsistent as Respondent had prescribed diazepam and Norco less than thirty days prior to Patient C's test.

37. Respondent's failure to have Patient C sign a controlled substance contract after prescribing this patient controlled substances for more than three months, along with a failure to gain an agreement to have the patient only accept controlled substances from one physician, as well as Respondent's failure to explain his prescribing policies and expectations, including the number and frequency of prescription refills, the consequences to the patient of violating the contract, and Respondent's failure to require the patient to periodically drug test, and his failure to deal with inconsistent drug test results, collectively constitutes an extreme departure from the standard of care in violation of section 2234, subdivision (b), of the Code.

SECOND CAUSE FOR DISCIPLINE **(Repeated Negligent Acts-Patient C)**

38. Respondent Gabriel Kodzo Tanson, M.D., is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that Respondent was repeatedly negligent in his care and treatment of Patient C. The circumstances are as follows:

39. Complainant re-alleges paragraphs 34 through 37 and incorporates them herein by reference.

40. Respondent's failure to review Patient C's past medical records and /or document such a review along with Respondent's failure to question, assess and document Patient C's pain (in severity, quality, palliation, provocation, radiation and duration) constitutes a departure from the standard of care. Respondent's failure to discuss and document the risks of combining controlled substances such as Norco with Soma/Xanax/Valium, which in combination can cause respiratory distress, depression, dizziness, confusion and allodynia (pain sensitization), constitutes a departure from the standard of care. These two simple departures together constitute repeated negligent acts in violation of section 2234, subdivision (c), of the Code.

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THIRD CAUSE FOR DISCIPLINE
(Inaccurate and Inadequate Records)

41. Respondent Gabriel Kodzo Tanson, M.D. is subject to disciplinary action under section 2266, of the Code, in that Respondent kept inaccurate and inadequate medical records.

The circumstances are as follows:

42. Complainant re-alleges paragraphs 19 through 40 and incorporates them herein by reference.

43. The combined incomplete, inadequate and/or inaccurate documentation by Respondent in the medical charts of Patients A., B. and C. constitute a violation of section 2266 of the Code.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

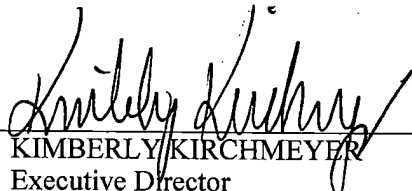
1. Revoking or suspending Physician's and Surgeon's Certificate No. A32550, issued to Gabriel Kodzo Tanson, M.D.;

2. Revoking, suspending or denying approval of Gabriel Kodzo Tanson M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Gabriel Kodzo Tanson, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: January 11, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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